

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/05/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 6834 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS  A recertification survey was conducted from October 14, 2008, through October 16, 2008. The survey was initiated using the fundamental survey process. A random sample of two clients was selected from a residential population of four women with mental retardation and other disabilities. The findings of the survey were based on observations, interviews at the facility and at one day program, and a review of records, including unusual incident reports.	W 000			
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the rights of each client and/or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for one of the two clients (Clients #1 and #2) included in the sample.  The findings include:  1. The facility failed to ensure that informed consent was obtained from Client #1 and/or her legal guardian prior to the administration of her psychotropic medications.	W 124	W124  Upon review by the administration, the facility did fail to inform client #1's legal guardian of the client's medical condition, developmental and behavioral status, attendant risks of treatment and the right to refuse treatment. The facility will ensure that this standard is obtained by	11/28/08	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	Continued From page 1  Observation of the evening medication administration on October 14, 2008, beginning at 6:28 PM revealed Client #1 received medications including Seroquel, Gabapentin and Chlorpromazine. Interview with the medication nurse during the medication administration, revealed the aforementioned medications were used to address the client's behaviors.  During the entrance conference on October 14, 2008, an interview conducted with the Program Director revealed that Client #1 did not have the capacity to give informed consent for the use of medications and habilitation services. The Program Director's statement was verified on October 16, 2008, at 3:30 PM through review of Client #1's psychological assessment dated March 19, 2008. According to the assessment, Client #1 "is not able to make independent decisions concerning her residential or day placements. She lacks the cognitive skills necessary to understand the implications of such decisions and therefore cannot give her informed consent. She lacks the judgment and insight required to make decisions independently." The Program Director further revealed the client had a legal guardian to assist her in decision making.  Review of the client's medical record and additional interview with the QMRP on October 15, 2008, at 3:06 PM failed to provide evidence that Client #1's treatment needs, including the benefits and potential side effects associated with her medications, and the right to refuse treatment, had been explained to her and a legally authorized representative.  2. The facility failed to obtain informed consent	W 124	1. The facility will obtain informed consent pertaining to client #1's psychotropic medications by  2. The facility did fail to obtain consent for client #1 psychotropic medications prior to psychotropic medication use; even though consent was obtained twelve days after increase in psychotropic medications for Thorazine 200mg this still does not negate the fact that prior authorization was not met.	11/28/08

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W 124	Continued From page 2 from Client #1's legal guardian regarding the increase of psychotropic medications prior to their initial use.  [Cross refer above]. Continued review of Client #1's medical record on October 15, 2008, revealed a written Physician Orders (POs) dated March 18, 2008, to increase Thorazine 100 mg to 200 mg BID. Interview with the Program Director during the entrance conference on October 14, 2008, revealed Client #1 did have a guardian.  Record verification on October 15, 2008, at 2:20 PM revealed although Client #1 had evidence of informed consent for Thorazine 200 mg, it was not obtained from the guardian until March 31, 2008, twelve days after the increase in the psychotropic medication had been initiated.  At the time of the survey, the facility failed to provide evidence that informed consent was obtained from the client and/or legally authorized representative prior to the administration of the psychotropic medication.	W 124	Therefore the administration will re- train the facility's QM/RP to ensure that future oversight of not obtaining informed consent from a legal guardian prior to administration of psychotropic medications does not occur for client #1 as well as all remaining client's in facility by	11/28/08
W 149	483.420(d)(1) STAFF TREATMENT OF CLIENTS  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement policies designed to ensure the clients' health and safety for one of the two clients (Client #1) included in the sample.	W 149		

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W 149	<p>Continued From page 3</p> <p>The findings include:</p> <p>Observation of the evening medication administration conducted on October 14, 2008, beginning at 6:28 PM revealed Client #1 received medications including Seroquel, Gabapentin and Chlorpromazine.</p> <p>a) Preceding the observation of the medication administration, Client #1's written Physician's Orders (PO) were reviewed on October 14, 2008, beginning at 12:15 PM. Continued review of the the written orders revealed a PO dated March 13, 2008, to start Thorazine 100 mg twice daily. Review of the March, 2008, Medication Administration Record (MAR) on October 16, 2008, revealed that Client #1 did not receive the prescribed medication until March 17. Further review of the MAR revealed the facility's medication nurse documented on the reverse side of the MAR that Client #1 did not receive Thorazine 100 mg from March 14, 2008, through March 16, 2008, because the facility "needed consent from the guardian."</p> <p>Additional review of Client #1's MAR revealed the client was administered Thorazine 100 mg from March 17, 2008 through March 19, 2008. Review of the client's records revealed the facility did not receive the informed consent from Client #1's guardian until March 24, 2008, five days after the psychotropic medication had been administered.</p> <p>b) Client #1's medical record revealed another written PO dated March 19, 2008, to "give Thorazine 200 mg twice daily and to discontinue Thorazine 100 mg PO Bid." Interview with the Nurse Coordinator on October 15, 2008, at</p>	W 149	<p>W149</p> <p>A). Upon review by the administration on policies and procedures that prohibit mistreatment, neglect or abuse of clients, the facility did fail to meet the administrations own policy in regards to client #1 psychotropic medications of Seroquel, Gabapentin and Chlorpromazine by not obtaining informed consent prior to start of psychotropic medications. Therefore, the administration will re-train the facility's QMRP to ensure that future oversight of not obtaining informed consent from a legal guardian prior to administration of psychotropic medications does not occur for client #1 as well as all remaining clients in facility by</p>	11/28/08	

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IDENTIFICATION NUMBER:

09G154

(X2) MULTIPLE CONSTRUCTION

A. BUILDING \_\_\_\_\_

B. WING \_\_\_\_\_

(X3) DATE SURVEY  
COMPLETED

10/16/2008

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W 149	<p>Continued From page 4</p> <p>approximately 4:12 PM revealed that the client started Thorazine 200 mg on March 20, 2008, through March 28, 2008. Review of the informed consent for Thorazine 200 mg revealed it was obtained from Client #1's guardian on March 31, 2008, twelve days after the initiation of the increase in the client's psychotropic medication.</p> <p>Interview with the Nurse Coordinator on October 15, 2008, at 4:12 PM revealed that the facility's policy was not to administer any psychotropic medications prior to receiving informed consent from the client's guardian.</p> <p>An interview was also conducted with the Program Director on the aforementioned date to ascertain if there was a policy that indicated psychotropic medication could not be administered before receiving informed consent from the client's guardian. The policy entitled, "Psychotropic Medications Policy and Procedure" was provided for review on October 16, 2008. Review of a section entitled, "Prohibited Use of Psychotropic Medications" revealed that "the use of psychotropic medication without the prior written informed consent of the individual or their substitute health care decision maker was prohibited."</p> <p>At the time of the survey, the facility failed to ensure that their policy that prohibited the use of psychotropic medication prior to receiving informed consent had been implemented.</p>	W 149	<p>B) The administration recognized that Client # 1s medical record of psychotropic medication for Thorazine 200 mg was not obtained until twelve days after the initiation of increase of Thorazine 200 mg. Therefore, the administration will re-train the facility's QMRP to ensure that future oversight of not obtaining informed consent from a legal guardian prior to administration of psychotropic medication for client #1 as well as all remaining clients in facility does not occur, in addition to retraining of adherence to Marjul Homes policies and procedures enforcement for by</p>	11/28/08
W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p>	W 159	<p>W 159</p> <p>The QMRP will be re-trained on each client's active treatment program integration.</p>	11/28/08

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W 159	Continued From page 5  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that each client's active treatment program was integrated, coordinated and monitored by the Qualified Mental Retardation Professional (QMRP).  The findings include:  The QMRP failed to ensure Client #1 received a comprehensive psychiatric assessment. [See W214]  The QMRP failed to ensure Clients #1 and #2's Behavior Support Plans had been reviewed and approved by their Human Rights Committee (HRC). [See W262]  The QMRP failed to ensure written informed consent had been obtained from the client and/or their legal guardian for the use of psychotropic medications and Behavior Support Plans (BSP). [See W263]	W 159	The QMRP will also obtain a comprehensive psychiatric assessment for client #1 by  The facility will ensure that Client #1 and Client #2's in addition to all remaining clients at this facility Behavior Support plans are reviewed and approved by the Human Rights Committee  The QMRP will also obtain written informed consent for all clients by prospective legal guardians on the use of psychotropic medications and Behavior Support plans by	11/28/08   11/28/08  11/28/08
W 189	483.430(e)(1) STAFF TRAINING PROGRAM  The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that each employee was provided with initial and continuing training that enabled the employee to perform his or her duties effectively, efficiently, and	W 189		

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W 189	<p>Continued From page 6 competently.</p> <p>The findings include:</p> <p>The facility failed to ensure the medication nurse was trained and familiar with the facility's policy that addressed "Medication Management."</p> <p>Observation of the evening medication administration on October 14, 2008, at 8:43 PM revealed Client #3 received medications including Carbamazepine, Lithium Carbonate, and Chlorpromazine HCL. Continued observation revealed the client was observed to punch her pills from the individual bubble packs while the medication nurse held the cup for her. Further observation revealed Client #3 dropped one of her medications on the floor.</p> <p>At that time, the medication nurse verbally prompted the client to punch out another pill from the bubble pack. The nurse indicated to the surveyor that she would flush the medication that was dropped after the completion of Client #3's medication administration.</p> <p>The surveyor was asked by the facility's medication nurse if she wanted to watch her flush the pill down the toilet. The surveyor proceeded to follow the nurse into the facility's basement bathroom.</p> <p>Review of the facility's policy entitled "Medication Management" on October 16, 2008, revealed "medication that is dropped or in any way soiled or show signs of tampering shall be destroyed by the nurse in the presence of an employee on shift. At the time of the survey, the facility failed to ensure the medication nurse was trained and</p>	W 189	<p>W 189 The administration's RN will retrain all LPN and medication pass nurses employed with Marjul Homes on its medication policy to include disposal of medication that is dropped, soiled and tampered with.</p>	11/28/08

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W 189	Continued From page 7	W 189			
W 214	483.440(c)(3)(ii) INDIVIDUAL PROGRAM PLAN  The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure Client #1 received a comprehensive psychiatric assessment.  The finding includes:  Observation of the evening medication administration on October 14, 2008, beginning at 8:28 PM revealed Client #1 received medications including Seroquel, Gabapentin and Chlorpromazine. Interview with the medication nurse during the medication administration, revealed the aforementioned medications were used to address the client's behaviors.  Review of the Medication Administration Record (MAR) on October 16, 2008, revealed a Physician's Order dated October 1, 2008. Continued review of the order revealed Client #1 was prescribed Seroquel and Chlorpromazine to address Intermittent Explosive Disorder (IED). Interview with Qualified Mental Retardation Professional (QMRP) on October 16, 2008 at 3:45 PM verified that Client #1's medication was used to control behaviors in conjunction with a Behavior Support Plan (BSP).  The interview with the QMRP was continued on	W 214	W 214 The facility will ensure that Client #1 will have a comprehensive psychiatric assessment by		11/28/08



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W 214	Continued From page 8 October 16, 2008, to ascertain if Client #1 had a comprehensive psychiatric assessment to justify the use of the behavior modification drugs and her corresponding psychiatric diagnoses (Intermittent Explosive Disorder). At the time of the survey, the facility failed to provide evidence that Client #1 received a comprehensive psychiatric assessment.	W 214		
W 262	483.440(f)(3)(i) PROGRAM MONITORING & CHANGE  The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure Clients #1 and #2's Behavior Support Plans had been reviewed and approved by their Human Rights Committee (HRC).  The finding includes:  1. Observation of the evening medication administration on October 14, 2008, beginning at 6:28 PM revealed Client #1 received medications including Serquel, Gabapentin and Chlorpromazine. Interview with the medication nurse during the medication administration, revealed the aforementioned medications were used to address the client's behaviors.  Interview with the Program Director on October 14, 2008, during the entrance conference revealed Client #1's medication was used in	W 262	W 262  1. The facility will ensure that Client #1 and Client #2's in addition to all remaining clients at this facility Behavior Support plans are reviewed and approved by the Human Rights Committee by	11/28/08

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W 262	<p>Continued From page 9</p> <p>conjunction with a Behavior Support Plan (BSP). Review of the client's habilitation record on October 16, 2008, verified Client #1 had a BSP dated March 28, 2008. Continued review of the plan revealed Client #1's targeted behaviors included physical aggression, self-injurious behaviors (SIB), crying, rocking, touching private body parts and smearing saliva.</p> <p>Review of the facility's HRC minutes on October 16, 2008, at 3:06 PM revealed a meeting was held on September 10, 2008. Continued review of the HRC minutes failed to provide evidence of Client #1's BSP, which incorporated the use of psychotropic medications had been reviewed.</p> <p>Interview with the Qualified Mental Retardation Professional (QMRP) on October 16, 2008, at 2:45 PM revealed that Client #1 was admitted to the facility on January 31, 2008. At the time of the survey, the facility failed to provide evidence that Client #1's BSP was reviewed and approved by their HRC.</p> <p>2. Observation of the evening medication administration on October 14, 2008, beginning at 6:28 PM revealed Client #2 received medications including Risperdal, Gabapentin and Lorazepam. Interview with the medication nurse during the medication administration, revealed the aforementioned medications were used to address the client's behaviors.</p> <p>Interview with the Program Director on October 14, 2008, during the entrance conference revealed Client #2's medication was used in conjunction with a BSP. Review of the client's habilitation record on October 16, 2008, at 3:49 PM verified Client #2 had a BSP dated July 31,</p>	W 262	<p>2. Upon review of the facility's HRC meeting minutes; Client #2's BSP was approved by HRC committee six months after its implementation; and therefore the administration will ensure that the QMRP is re-trained on HRC committee meetings to be held in a timely manner; thus having these meetings to review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that in the opinion of the committee, involve risks to client protection and rights.</p>	11/28/08	

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W 262	Continued From page 10 2008. Continued review of the plan revealed Client #2's targeted behaviors included physical aggression, screaming and crying, refusal to follow requests in daily schedule, and self-injurious behavior (SIB), biting her hand.  Review of the facility's HRC minutes on October 16, 2008, at 3:06 PM revealed a meeting was held on September 10, 2008. Continued review of the HRC minutes revealed Client #2's BSP which incorporated the use of psychotropic medications had been reviewed/approved, however, at the time of the survey, Client #2's BSP was reviewed/approved six months after it's implementation.	W 262		
W 263	483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE  The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility's Human Rights Committee (HRC) failed to ensure written informed consent had been obtained from the client and/or their legal guardian for the use of psychotropic medication and Behavior Support Plans (BSP), for one of the two clients (Client #1) included in the sample.  The finding includes:  Observation of the evening medication administration on October 14, 2008, beginning at 6:28 PM revealed Client #1 received medications	W 263		

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NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 8834 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 263	<p>Continued From page 11</p> <p>including Seroquel, Gabapentin and Chlorpromazine. Interview with the medication nurse during the medication administration, revealed the aforementioned medications were used to address the client's behaviors.</p> <p>Interview with the Program Director on October 14, 2008, during the entrance conference revealed Client #1's medication was used in conjunction with a Behavior Support Plan (BSP). Review of the client's habilitation record on October 16, 2008, verified Client #1 had a BSP dated March 28, 2008. Review of the BSP revealed Client #1 received psychotropic medications for stereotyped and explosive behaviors.</p> <p>Continued review of the record revealed a written informed consent was obtained for Client #1's increase of her psychotropic medication (Thorazine 200 mg) on March 31, 2008, twelve days after the psychotropic medication had been initiated. At the time of the survey, there was no documented evidence that written informed consent was obtained for the use of the client's BSP.</p> <p>2. The facility failed to ensure that informed consent was obtained from Client #2 and/or her legal guardian prior to the implementation of her Behavior Support Plan (BSP).</p> <p>Interview with the Program Director on October 14, 2008, during the entrance conference revealed Client #2's medication was used in conjunction with a Behavior Support Plan (BSP). Review of the client's habilitation record on October 16, 2008, verified Client #2 had a BSP dated July 31, 2008. Review of the BSP revealed</p>	W 263	<p>W 263</p> <p>Cross reference W 159</p> <p>Cross reference W 159</p> <p>Cross reference W 159</p>	11/28/08	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  09G154	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/16/2008
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NAME OF PROVIDER OR SUPPLIER

MARJUL HOMES

STREET ADDRESS, CITY, STATE, ZIP CODE

8634 EASTERN AVENUE, NW

WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 263	Continued From page 12 Client #2 received psychotropic medications for Bipolar Disorder.	W 263		
W 322	At the time of the survey, the facility failed to provide evidence that written informed consent was obtained from the client and/or legally an authorized representative for the use of her BSP. 483.460(a)(3) PHYSICIAN SERVICES  The facility must provide or obtain preventive and general medical care.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure general and preventative care services, for one of the two clients (Client 1) included in the sample.  The findings include:  Review of Client #1's medical record on October 14, 2008, at 12:07 PM revealed a medical assessment dated February 7, 2008. Continued review of the assessment revealed the client's Primary Care Physician (PCP) recommended Client #1 to be seen by the podiatrist every three months. Further review of the client's medical record revealed that she was seen by the podiatrist on June 30, 2008. The podiatrist scheduled a return appointment for October 8, 2008 at 9:00 AM.  Interview with the Program Director on October 14, 2008, at 12:32 PM was conducted to ascertain if Client #1 had been seen by the podiatrist since June 30, 2008. The Program Director indicated that she had no knowledge	W 322	W 322  The administration will ensure that all Marjul homes facilities are providing and obtaining preventative care to include podiatry services for all clients. Additionally (Client # 1) at Eastern Ave, facility in addition to all remaining clients at this location had podiatry services performed on 10/20/08. Additionally the administration will perform monthly routine preventative care monitoring with RN at this facility. Scheduled monitor will occur on	11/28/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 322	Continued From page 13 regarding if the client had other appointments with the podiatrist, but she would check with the Qualified Mental Retardation Professional (QMRP).  Interview with the facility's Nurse Coordinator on October 14, 2008, at 1:38 PM revealed that the podiatrist had called the facility on October 6, 2008, but was unable to reach anyone. At the time of the survey, the facility failed to ensure the PCP's recommendation for Client #1 to be seen by a podiatrist every three months had been implemented.	W 322			
W 331	483.460(c) NURSING SERVICES  The facility must provide clients with nursing services in accordance with their needs.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide nursing services in accordance with the needs for one of two clients (Client #1) included in the sample.  The finding includes:  The facility's nursing services failed to ensure Client #1 was seen by the podiatrist every three months per the Primary Care Physician's (PCP) recommendation. [See W322]	W 331	W 331  Cross reference (W322)		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 8634 EASTERN AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1000	INITIAL COMMENTS  A licensure survey was conducted from October 14, 2008, through October 16, 2008. A random sample of two residents was selected from a residential population of four women with mental retardation and other disabilities. The findings of the survey were based on observations, interviews at the facility and at one day program, and a review of records, including unusual incident reports.	1000			
1082	3503.10 BEDROOMS AND BATHROOMS  Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting.  This Statute is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the provisions of this section as presented below for four of four residents residing in the facility. [Residents #1, #2, #3, and #4]  The finding includes:  The environmental inspection on 10/16/2008, at 11:15am revealed the facility failed to ensure that all bathrooms were equipped with a cup dispenser, paper towels and soap as required by this section.	1082	1082  Each bathroom at this facility was equipped with toilet tissue, paper towel, cup dispenser, soap for hand washing, mirror, and adequate lighting for all residents residing at this facility to include (Residents #1, #2, #3 and #4).	10/17/08	
1090	3504.1 HOUSEKEEPING  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable	1090			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
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Program Director

(X6) DATE

11/19/08

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If continuation sheet 1 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 8634 EASTERN AVENUE, NW WASHINGTON, DC 20012			
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1090	Continued From page 1 odors.  This Statute is not met as evidenced by: Based on observation and staff interview, the GHMRP failed to maintain the facility in a clean, orderly, and attractive manner, for four of four residents residing in the facility. [Residents #1, #2, #3, and #4]  The findings include:  1. The light bulb in the rear bedroom near the kitchen was burnt out and not operable.  2. One of the electric burners on the kitchen stove was inoperable and the protective seal around the oven door was broken. Burn marks were observed around the upper right portion of the oven door and stove top.  3. The bathroom on the second floor was inoperable and no one was allowed to use it. The toilet had been dismantled and was observed to be on the floor in the bathroom.  4. The toilet seat cover was missing from the toilet on the main floor.  5. The shower nozzle in the bathroom on the main floor was broken. The shower head was hanging off the wall and lying in the tub.	1090	1090  The interior and exterior of this facility shall be maintained in a safe, clean, orderly, attractive and sanitary manner and will be free of accumulations of dirt, rubbish and objectionable odors on a scheduled weekly basis with weekly facility oversight monitoring by Program director. This oversight will provide the residents #1, #2, #3 and #4 a home that is environmentally clean. Oversight of facility's environment will be performed by QMRP and HM at this facility daily with documentation provided to Program director.	11/28/08	
1161	3507.2 POLICIES AND PROCEDURES  The manual shall be approved by the governing body of the GHMRP and shall be reviewed at least annually.	1161			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 6634 EASTERN AVENUE, NW WASHINGTON, DC 20012		
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I 161	Continued From page 2  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence that the governing body approved and reviewed its policies and procedures annually.  The finding includes:  Interview with the Program Director and review of the policy and procedures manual on October 16, 2008; failed to provide evidence that the manual had been reviewed and approved by the governing body as required since 2007.	I 161	I 161  The administration will review and update its policy and procedure manual by	11/28/08
I 274	3513.1(e) ADMINISTRATIVE RECORDS  Each GHMRP shall maintain for each authorized agency's inspection, at any time, the following administrative records:  (e) Signed agreements or contracts for professional services;  This Statute is not met as evidenced by: Based on record review and staff interview, the Group Home for the Mentally Retarded (GHMRP) failed to provide evidence of all signed agreements and/or contracts for professional services.  The finding includes:  Record review and staff interview on 10/16/2008, revealed the facility failed to present evidence that contracts were secured for all professional service providers. There was no evidence presented or on file at the time of survey to substantiate that signed agreements were secured for all contracted professionals as required by this section.	I 274	I 274  The administration will ensure that all professional services and contracts with Marjul homes shall be maintained in a manner that is satisfactory for agency inspections with quarterly oversight of said records conducted by Human resources department and Program director.	11/28/08

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD03-0130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/16/2008
NAME OF PROVIDER OR SUPPLIER  MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 6834 EASTERN AVENUE, NW WASHINGTON, DC 20012		
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